REPORT - HIPAA 277 to MMIS

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim Status Notification							
2000A	*HL*	*Information Source Level*		*R*					
2100A	*NM1*	*Payer Name*		*R*					
2000B	*HL*	*Information Receiver Level*		*R*					
2100B	*NM1*	*Information Receiver Name*		*R*					
2100B	NM103	Information Receiver Last or Organization Name	AN35	R	Prov-File	PROV-NAME	X(31)	Get from 276 Loop 2100B, NM103	Match Back
2100B	NM109	Information Receiver Identification Number	AN80	R	Prov-File	PROV-SS-NUM	X(9)	Get from 276 Loop 2100B, NM109	Match Back
2000C	*HL*	*Service Provider Level*		*R*					
2100C	*NM1*	*Provider Name*		*R*					
2000D	*HL*	*Subscriber Level*		*R*				Subscriber is usually the patient, so there is no Dependent loop (2000E)	Translation
2100D	*NM1*	*Subscriber Name*		*R*					
2200D	*TRN*	*Claim Submitter Trace Number*		*R*					
2200D	TRN02	Trace Number	AN30	R				Get from 276 TRN02	Match Back
2220D	*SVC*	*Service Line Information*		*S*				Do we support status requests for a specific service or just claim level?	Policy Issues
2220D	SVC01	Product or Service ID Qualifier	ID2	R				Get from 276 SVC01-1	Match Back

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2220D	SVC07	Original Units of Service Count	R15	S				Get from 276 SVC07	Match Back
2220D	REF02	Line Item Control Number	AN30	R				new fields: Provider's line item num from 837 REF "6R"; must match 276 REF02 "6R"	Match Back
2000E	*HL*	*Dependent Level*		*S*				If the subscriber is NOT the patient, use this dependent loop instead of the subscriber loop. Use all the same comments and fields as subscriber loop above.	Translation
2100E	*NM1*	*Dependent Name*		*R*					
2200E	*TRN*	*Claim Submitter Trace Number*		*R*					
2220E	*SVC*	*Service Line Information*		*S*					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)